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Guidelines for the Development and Utilization of Home Health Aide Services in the Community; A Supplement to A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services.

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This analysis is intended to assist public health nurses and others to apply the principles and standards of professional nursing conduct and practice to the development and utilization of home health aide services. Part I, "Development of a Home Health Aide Service" covers (1) agency organization and policies, including such topics as legal basis, relationships with other official agencies, accreditation, and liability insurance, (2) the administration plan, including goals, contracts, fees and financial accounting, coordination of services, and evaluation and interpretation of services, (3) the team concept, (4) selection and recruitment of aides including such topics as nondiscrimination, methods of recruitment, and qualifications of candidates, (5) training, including core course, inservice training, orientation and continued training and supervision, (6) personnel policies, and (7) agreements in the utilization of aides employed by other agencies. Part II, "Utilization of Home Health Aide Services" discusses (1) placement and assignment including nursing assessment, nursing care plans, and introducing the aide to the family, (2) communication, and (3) supervision and evaluation of the aide. Appendixes include guidelines from "A Guide for the Utilization of Personnel Supportive to Public Health Nursing Services" (ED 023 923). (JK)

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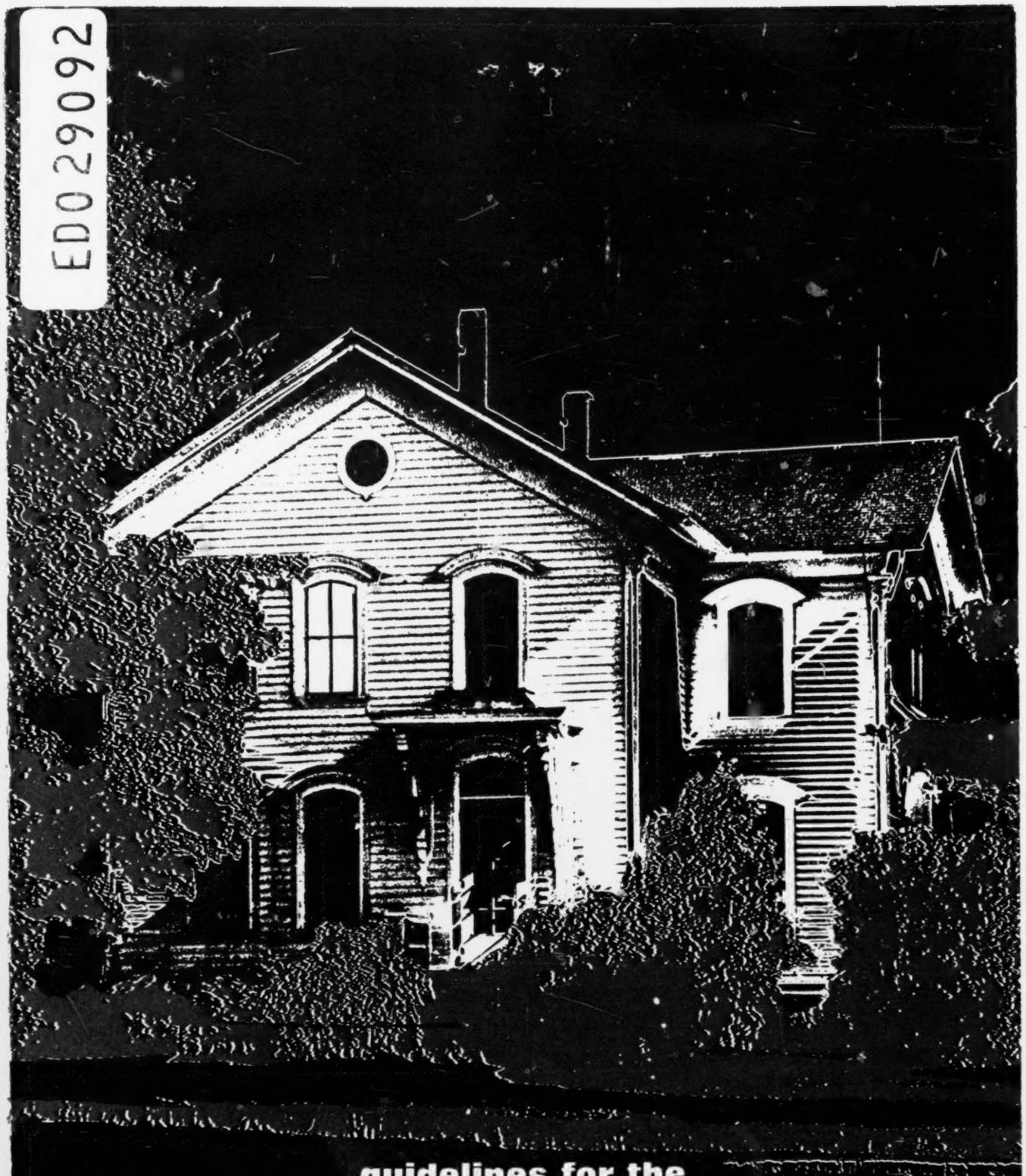

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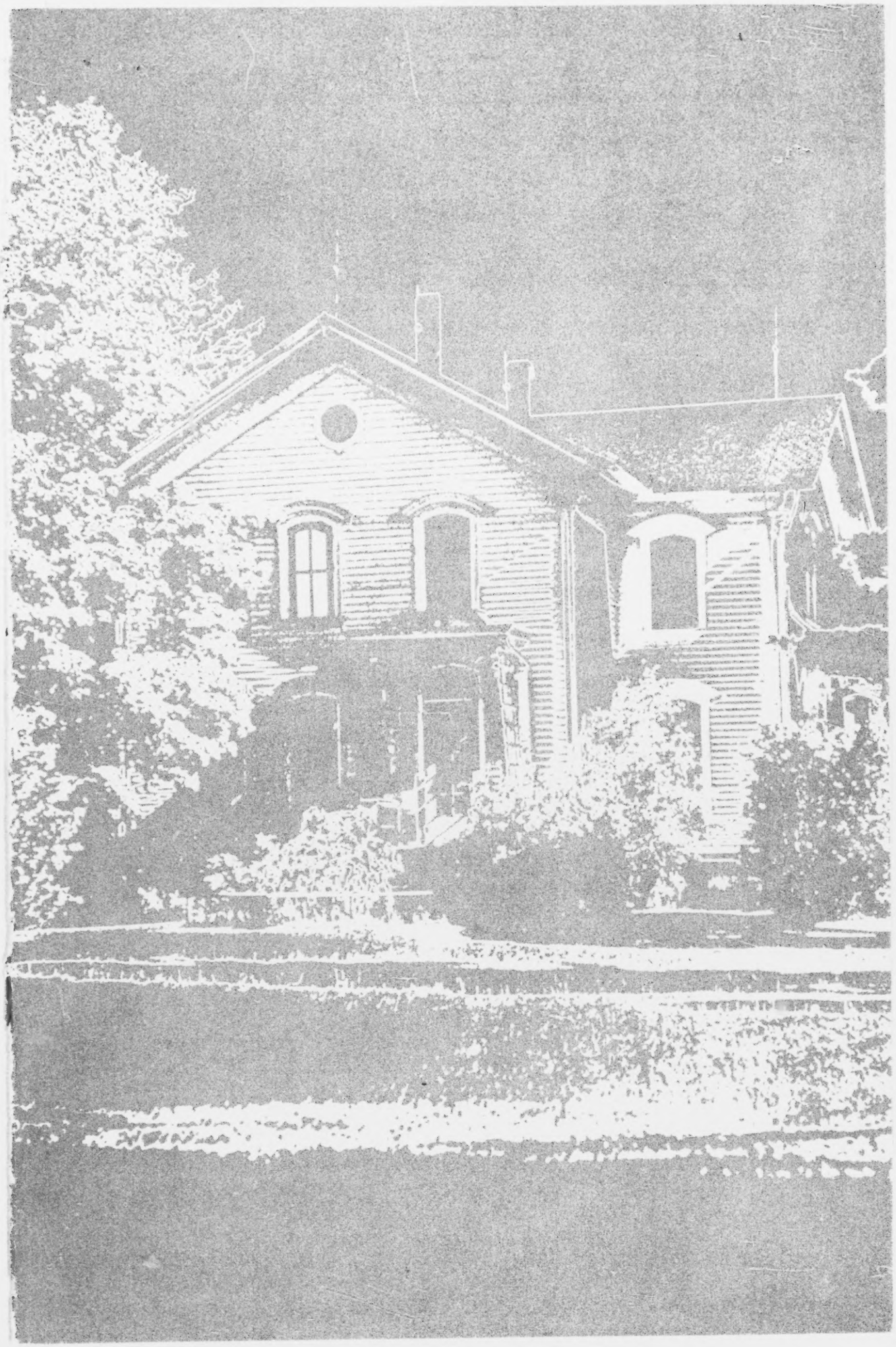

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guidelines for the

DEVELOPMENT AND UTILIZATION OF HOME HEALTH AIDE SERVICES IN THE COMMUNITY

a supplement to

A GUIDE FOR THE UTILIZATION OF PERSONNEL SUPPORTIVE OF PUBLIC HEALTH NURSING SERVICES

FOREWORD

Because of the present nationwide interest in the promotion of home health aide services, *Guidelines for the Development and Utilization of Home Health Aide Services in the Community* was prepared to supplement *A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services*, published by the American Nurses' Association in 1966. (The "guidelines" from that publication are contained in the Appendix: Exhibit I.)

The earlier publication dealt with the several categories of personnel who may be employed to assist public health nurses to extend, expand and improve the quality of services they offer to the public. It presented some fundamental principles and concepts which the agency should consider in determining the need to include in its organization personnel intended to be supportive of its public health nursing service, as well as the feasibility of such a step. It also posed questions for the individual agency to consider in determining policy and arrangements for the effective employment of such personnel.

The 1966 guide included a glossary; a list of national, state and local resources which administrators can utilize in making and executing their plans; and a list of pertinent publications and periodicals.

This supplement deals only with the development and utilization of one group of supportive personnel: home health aides. It is intended to be used in conjunction with the 1966 publication, *A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services.*

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INTRODUCTION

As professional nurses become increasingly skilled in applying scientific principles and developments to improve their practices, they also become more aware of the need for concomitant progress in utilizing the skills of all persons associated with the delivery of professional nurse services. Consumers of health services may benefit more fully from the knowledge and abilities of the professional nurse when those patient care activities which require lesser preparation and judgment are safely and appropriately delegated to assistants—such as home health aides—who are taught, directed and supervised by professional nurses.

The role and functions of the home health aide have been defined as follows: "Home health aides are unlicensed, nonprofessional workers who are prepared to give personal care and provide related housekeeping services for convalescent, disabled, or chronically ill patients."[1]

The role of the home health aide is comparable, in many respects, to that of the nurses' aide in a hospital. In each setting, the aide works in an assistive relationship with the professional nurse.

In performing delegated tasks, the home health aide acts as a substitute for a family member who, if able and available, could be expected to carry out those tasks which are, instead, assigned to the aide. The duties of the aide may include a variety of services directly related to the patient's personal hygiene; assistance with certain therapeutic and other activities designed to make the patient more comfortable and to contribute to a positive outcome of the nursing and medical care plans; and selected household tasks which contribute to a safe and healthful environment.

It is appropriate that the administration of a home health aide service in the community be provided through the nursing services of its voluntary or official community health agencies, or other organized home care programs. Other community groups which may be providers of home health aide service personnel include social work agencies, homemaker-home health aide agencies, and welfare agencies. The employment of nonprofessional assistance by a community nursing service

[1] *A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services.* New York: American Nurses' Association, 1966, p. 11. (See Appendix I.)

requires that the agency, and its professional nurse staff, be well-prepared to coordinate the services of all the various classifications of personnel to create an effective working team. Coordination of the functions of public health nurses, and other registered professional nurses, with those of home health aides may require new adaptations of teaching and supervisory skills, as well as acceptance and appreciation of the benefits that accrue from extending the team concept to a new, and much less prepared, group of workers.

Sometimes a nursing service agency finds it is more feasible to purchase home health aide services from another agency, rather than to train and employ its own aides. The terms of this arrangement should be established by a clear contract between the two agencies. The contract should provide the best possible assurance that patients will be cared for by appropriately trained, appropriately assigned, and appropriately supervised personnel. (See *Agreements with Other Employing Agencies,* page 14.) So that professional nurses can work with home health aides without in any way compromising professional standards, the contract must not, in any part, contravene *The Code for Professional Nurses,*[2] the state's nurse practice law, or the stated purposes of the agency which carries the responsibility for providing the nursing service to its clients.

This analysis of the development and utilization of home health aide services is presented in two parts. The first is concerned with the agency's arrangements for developing home health aide services. The second deals with the factors which need to be considered by the agency before it can effectively utilize home health aide services—such factors as the functions of aides, their limitations, the necessity for strict standard-setting and supervision.

Throughout this presentation, it will be noted that one point is repeatedly emphasized: the responsibility for nursing services, and those services which are assistive to nursing, lies with professional nurses and cannot be assigned to or assumed by any other persons or groups.

[2]*The Code for Professional Nurses.* New York: American Nurses' Association, 1960 (Appendix II).

PART I

Development of a Home Health Aide Service

There are many considerations to be taken into account by a community health nursing agency which plans to offer a home health aide service. All these factors must be considered in relationship to the primary purposes of the agency.

Agency Organization and Policies

In reviewing the characteristics of the agency, it will be seen that many of these directly affect its ability to utilize home health aide services.

Legal basis. The legal basis of the agency may be that of an official department or bureau of the state, county or local governments; a charter granted by the state government; the bylaws adopted by an unincorporated body; or a license issued by the state; but in all cases it is necessary that the scope and limits of the agency's purposes, functions and relationships be clearly understood with respect to the inclusion of home health aides in its service complement. It is also necessary to determine whether there are specific limitations in relation to the clientele, the qualifications of the staff, or the collection of fees for services. If there is any question about the agency's authority to provide home health aide service as an adjunct to its public health nursing program, legal consultation should be obtained.

Agency policies. The written policies which govern the agency's nursing service apply to all its general programs and activities; however, these policies—both general and personnel—may need to be revised to provide for inclusion of services by nonprofessional workers, to permit contractual arrangements with other agencies, to effect new interorganizational relationships, and to make provision for other aspects of management of the new service.

In some agencies, policies are sufficiently broad in scope, and contain the necessary safeguards, to permit the development of the home health aide service. But they should also clearly identify the agency's responsibility for the selection, training, assignment and supervision of home health aides. The development of policies for the home health aide program will, of course, require a clear definition of relationships with other staff members in the agency.

Relationships: local, state, national. To carry out its community health program, the service agency should have well-established means

of communicating with other agencies which contribute to the public health and welfare. Because of the current enthusiasm for promoting and developing home health aide services, the importance of clearly defined, mutually understood and respected roles for each agency, and workable methods of relating these roles, has become increasingly apparent.

The course of action most accessible and most appropriate to the local agency would be one that is developed in the community itself. Through community-developed plans and organization, the relationships among the local, state and national groups may be widened and more effectively utilized.

In addition to the usual constellation of agencies and organizations with which there are already established relationships, it may be necessary for the community nursing service to consider agencies which have a particular concern with home health aide training and employment. Such organizations or groups would include (among others):

1) state and local departments of education
2) state and local departments of welfare
3) state and local employment services
4) state and local homemaker-home health aide organizations
5) the federal Office of Economic Opportunity, and state and local councils on economic opportunities.

Accreditation of nursing services. If the community nursing service is accredited, or is contemplating accreditation, by the National League for Nursing, the criteria established by the accrediting body should be considered in terms of the agency's policies and practices as they apply to the home health aide program.

Liability insurance: agency and individual. Liability insurance coverage for the agency should be carefully reviewed to ensure that provision of home health aide services will not invalidate the policies. If the inclusion of home health aide services does not meet the conditions of the insurance policy, steps should be taken to have the conditions broadened and so preclude legal problems.

Professional members of the staff should carry their own liability insurance (unless they are protected under the agency's policy—and this is frequently not the case). They too, should be advised to consider how their policies might be affected by the addition of home health aide services to the agency's program.

Readiness of other personnel. Team nursing has been described as "an effective method of providing public health nursing services. However, each member of the public health nursing team must understand his defined role and the roles of other members."[3]

[3] *A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services*, p. 3.

Preparation of staff members for this step cannot be limited to the preliminary stages of instituting a home health aide program. Nor can it be limited to the technical aspects of placement and supervision. Experience has shown us that workers are frequently unwilling to assign tasks, which have traditionally been theirs, to persons who have had less preparation for the work. This is often one of the most difficult obstacles to surmount in instituting a new program. The agency, in its staff development program, must take every opportunity to aid the staff in developing and maintaining attitudes and relationships that will contribute to the effective utilization of assistive personnel.

The agency should also review the academic and performance achievement of the professional nurses employed, and its program for further staff development, to ensure that each staff member is prepared to participate effectively in the home health aide service to maintain a direct and productive working relationship with the home health aide.

The Administrative Plan

The agency must consider the numerous administrative factors involved in developing and implementing a home health aide service. Several of these call for some comment. Of course, the degree of formality and specificity with which a plan is written will vary among agencies and will be partially determined by the complexities of the individual agency's program and its overall operation.

Goals and objectives. The agency may, or may not, produce a written statement of the goals and objectives of the home health aide service —one that distinguishes its goals from those of the agency's total program. At the least, there should be a common understanding of the factors that determined that the service be instituted, and the benefits that patients should expect to receive. The goals and objectives that are accepted by both administration and staff are a source of direction for all other policies, activities and relationships connected with the service.

Contracts. If it is not possible or feasible for home health aides to be employed by the agency which supplies the nursing services, the agency should require a formal contract with the employer of the aides —a legal document specifying the responsibilities to be assumed by each of the two agencies for the stipulated period. The contract would:

1) assure active involvement of the public health nurses in the selection and preservice training of the aides;
2) provide that the nursing service shall determine and authorize the placement, duration of services and visits, and termination of services of an aide in a home;
3) provide for on-the-job instruction, guidance and supervision of

home health aides by registered nurses;

4) require periodic evaluation of the aides' performance by the registered nurses responsible for their supervision; and

5) fix legal responsibility for the quality of service rendered by home health aides. (A sample contract is shown in Appendix III. See, also, *Agreements with Other Employing Agencies,* page 14.)[4]

In each state, and in some municipalities, there are laws which must be carefully scrutinized before an agreement is signed by the two agencies involved—the one which provides the home health aide personnel, the other which utilizes the services of such personnel in rendering health care in the home. Moreover, the contract must provide for amendments which may be made necessary by changes in laws or regulations, by agencies which have jurisdiction in areas affected by the subject matter of the agreement. *The Code for Professional Nurses*[5] must also be considered; this clearly describes the nurse's legal and ethical responsibilities in delegating and supervising tasks performed by a nonprofessional person.

Finally, certain safeguards must be included in the agreement or contract regarding the employment of home health aides trained by another organization or educational institution—safeguards which ensure that standards for the training program will be set, and met, and which fix the right and responsibility of the nursing service agency to utilize only persons who meet that agency's employment criteria.

Determination of fees, financial accounting. The administrative plan should provide for a method of determining the cost of a unit of home health aide service, as distinguished from the cost of a nurse's visit. The plan should also include a fee range and should fix the responsibility for determining and making adjustments in fees for particular families.

Methods of billing and collecting of fees may differ, depending upon the arrangements made with the family, or with a third party such as an insurance company; however, the procedure should be clearly determined and understood by aides as well as by the nurses.

Arrangements for identifying funds and receipts for the home health aide service are essential to cost accounting and evaluation of the program.

Coordination of services. As the number and variety of an agency's services and service personnel increase, coordinating activities become more complex. In some agencies, the responsibility for coordinating home health aide services may be vested in a single individual or unit of the agency. In others, various aspects of coordination may be delegated throughout the professional nurse staff.

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[4]"Nursing Concerns in the Home Health Services in Health Insurance for the Aged: ANA Statement on Medicare," *American Journal of Nursing,* vol. 65, no. 11, Nov., 1965 (Appendix IV).

[5]*The ANA Code for Professional Nurses.*

There are several areas in which coordination of the home health aide service is particularly important; in these areas, responsibility should be definitely assigned:

1) within the home health aide service itself
2) with other staff members whose particular functions affect the home health aide service
3) with inservice education programs
4) with providers of personnel
5) with preservice training programs
6) with case conferences.

Size of a home health aide complement. The role of the home health aide is assistive. Aides are dependent on professional nurses for their preparation, placement, assignments, and guidance in performing their work. The home health aide service, therefore, is not a separate program within the agency, but a service which can be effectively, and safely, utilized only when its proper relationship to the professional nursing program, and the needs of patients, has been established. The actual number of home health aides to be employed, as well as the ratio of nurses to home health aides, must be determined by the primary objectives and purposes of the community nursing service.

In determining the size of the home health aide complement, the following factors must be considered:

1) size of the nursing staff and the qualifications of its members
2) size and character of the therapeutic nursing caseload
3) kinds of personal care activities that can be delegated to home health aides
4) availability of supervisory nursing personnel
5) readiness of staff nurses to work with, and give direct supervision to, home health aides in the homes of patients
6) number and classifications of other assistants to nurses employed by the agency
7) acceptance and interest of other nonprofessional workers employed as assistants to nurses
8) geographic distribution of families who could benefit from home health aide services
9) financial resources and policies of the agency
10) anticipated length and frequency of visits to families
11) expectations of employing home health aides on a full or part-time basis.

Nurse-home health aide ratio. In establishing the ratio of nurses to home health aides, the agency, again, must consider the factors that determine the size of the home health aide complement (above). In addition, the pattern established for professional nurse assignments to

the various supervisory, teaching and coordinating functions will have a direct bearing on the nurse-aide ratio. The priorities for direct nursing care services, epidemiological studies of neighborhoods, services in occupational and school settings, family and group education services, and experimental and research projects are among the factors that must be considered. It is important that the usual functions of the professional nursing staff be carried on, without interruption and without sacrifice of opportunities to improve service to patients. The time required for supervision of a corps of home health aides must not limit or impede the advancement of professional practice and professional services to patients and families.

Evaluation of services. The agency's objectives for the home health aide service (page 5) should provide a sound basis for evaluation. Though formal evaluation reports should be prepared at stipulated intervals by a utilization review committee, the evaluation process should be an ongoing one which utilizes various sources of evaluative information.

The agency's administrative plan should provide that the review committee shall confer with the professional nursing staff at regular intervals. Information which the review committee should expect to receive from the professional staff would include: their evaluations of the performance of individual aides; observed benefits to patients and families; the expressions of physicians and other health professionals who contribute to the patients' care; the amount of professional nurse time expended in supervision, record-keeping and other activities related to the service; their evaluation of the effects of the home health aide service on the professional nursing service of the agency, its overall quality and effectiveness; and their suggestions for future development and utilization of the home health aide service.

A realistic evaluation of the home health aide service would also entail a comparison of the costs of that service to the costs of other services of the agency. The amounts spent on training, supervising, record-keeping, transportation, and other cost factors that can be identified and separated from the agency's total operating cost, must be considered in evaluating the worth of the service and in making recommendations for future plans and programs.

Interpretation of the service. Continuous "interpretation" of the service is essential to its success. Interpretation, both within and without the agency, should start in the initial planning stages and should be continued for the duration of the service. If the service is discontinued, the reasons for this action will also need explanation.

There can be no set pattern to pursue in "interpreting," but the following points of reference may be useful in developing policies and procedures:

1) Within the agency: Each member of the nursing service team—

the aides, members of other disciplines employed by the agency, the agency's governing body—must be helped to understand the purposes, scope and limits of the home health aide service. It is important that they recognize the relationships that should be maintained among the various levels and classes of personnel employed in the agency, as well as the contribution the home health aide service is expected to make toward the improvement of patient care.

2) With the public: The general public has become much more interested in plans for increasing and improving health care services, and much more aware of the needs. However, the impressions they receive from broad statements made about the many governmental programs for health, education and welfare are often distorted. The agency will have to make full use of the press, the airwaves, agency publications and other media to convey the objectives of the service, the scope and limits of the home health aide's functions, the role of the professional nurse in the delivery of a successful home health aide service, and the qualifications needed by home health aides. This comprehensive program of interpretation is needed if the agency is to recruit qualified trainees and workers. It is needed to rally community support. It is needed to prevent the development of a substandard corps of home health aides and the proliferation of employment agencies purporting to supply home health aide services to the community. It is needed by the consumers—all the people who may need patient care services in their homes.

3) With families: In planning with the family, it is necessary to explain the functions of home health aides and their relationship to the patient care plan and the professional nursing staff. During the period of the aide's assignment in the home, it is also necessary to help both family and aide to understand the purpose of the service and its contribution to the patient's welfare.

4) With hospitals, physicians, nurses employed outside the community nursing service, social workers, welfare workers, and other agencies concerned with the health and welfare of families: It is vitally important to the safety and welfare of patients and families that other professional workers should well understand and appreciate the legal and ethical aspects of professional nursing as they relate to home health aide services. In working with professional people to develop and implement patient care plans based on evaluation of need, and the appropriateness of services in a particular home, the public health nurse has adequate opportunity to fulfill her obligation to interpret the home health aide service and her own responsibilities.

Other groups may need interpretation in terms of their specific interests and fields of endeavor. Such groups might include health and wel-

fare councils, community chest organizations, vocational schools, groups concerned with antipoverty programs, and the courts.

The Team Concept

When nonprofessional persons work in an assistive relationship in a public health nursing agency, it becomes necessary to extend the composition of the team which provides direct care services to patients.

The "teamwork" concept suggests that two or more individuals must coordinate their efforts in a systematic way as they work toward a common goal. It has already been pointed out (page 4) that the role, functions and responsibilities of each team member must be well understood by the others. To employ the team concept, and ensure that appropriate patient care tasks are assigned to home health aides under the guidance and supervision of the nurse, the agency must make adequate provision for team members to confer and to develop and execute the plan of care that is best for the patient.

The team leader should be an experienced public health nurse who has leadership ability and who accepts the responsibility for seeing that nursing services are assessed, planned, performed and evaluated; however, each team member—including the patient and his family—should participate in assessing, planning, implementing and evaluating family-centered patient care.[6] The administrative plan should also ensure that the home health aide, as a member of the patient care team, will participate in team case conferences.

Selection and Recruitment

It is highly important that public health nurses "participate in recruitment programs, selection activities, preparation and training, and placement of personnel supportive of public health nursing services."[7]

The agency's responsibility. The selection process for employment should begin with the recruitment and selection of trainees. Only if the community nursing agency is adequately involved in the recruitment and training programs can it guarantee employment upon successful completion of the training. Even if the nursing agency is not fully involved in the training program, it must nevertheless establish the criteria for employment of aides in that agency.

The employing agency is responsible for formulating job descriptions, job specifications and position classifications; but again, the service agency which plans to purchase home health aide services from another organization must retain the authority to determine what tasks

[6] *A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services*, p. 4.

[7] *Ibid.*, p. 4.

shall be performed in each assignment, and what qualifications are needed for the assignment.

The recruitment program for trainees and for employment of home health aides should be based on personnel policies that have been established by the community nursing agency. If any other agency is to employ the home health aides and supply personnel, under contract, to the nursing service agency, the two (or more) agencies must first arrive at a clear understanding about the policies concerned with conditions of employment and assignment. (See *Contracts,* page 5, and *Agreements with Other Employing Agencies,* page 14.)

Nondiscrimination. Personnel policies should state that the applicant's race, creed, color, or national origin shall not be considered as determining factors in the recruitment and selection of persons for training or employment as home health aides.

Recruitment methods. Recruitment methods and media will vary from one community to another. In addition to the usual communications media—TV, radio, newspapers, brochures—channels for dissemination of recruitment information include the state employment service, the staff of agencies concerned with planning and implementing the program, other community agencies and groups, and physicians in the area.

The candidate's qualifications. Factors to be considered in selecting candidates for training and employment fall under seven general headings: age, appearance, cultural background, education, previous training and/or experience, attitudes and health status.

1) Age: Age should be a factor only as it relates to the expected degree of maturity. The candidate should behave like an adult, who is capable of following instructions, observing reactions and change, and communicating with the patient, the nurse and others concerned with the care of the patient.

2) Appearance: Good personal grooming should be expected of the employee who may be called upon to provide direct personal care to patients in any class of home. Determination of the proper dress for home health aides should be based on the following considerations: its appropriateness to the tasks to be performed, both within and without the patient's home; the safeguards required when more than one home is to be visited in the course of a day; the cost of purchase and maintenance of the costume; and the advantage of easy identification of the home health aide by members of the family and by other health and social workers.

3) Cultural background: Depending upon the population to be served, it may be desirable to employ aides who have knowledge of specific cultural groups—some understanding of the languages spoken by the families they will serve, and of other cultural traits which may

influence the patients' and families' abilities to benefit from their services.

4) Education: Candidates must have the ability to read and write, to understand directions, to communicate information about the patient's needs and progress.

5) Previous training and/or experience: This must meet the standards set forth by the agency for the job to be done.

6) Attitudes: The candidate should communicate a belief in the worth and dignity of the patient, as well as the job.

7) Health status: This refers to freedom from health problems that may be injurious to the patient, or to the aide as she performs delegated tasks, as well as evidence of good personal health habits.

In neither recruitment nor employment should the financial status of the prospective employee be the primary consideration. As in any other position in the health services field, the essential qualifications for employment as a home health aide are those characteristics needed to perform effectively on the job. The agency's choice of employees may also be influenced by the cost and time factors entailed in traveling to the place of assignment; these could restrict the geographic areas from which employees can be recruited.

The methods to be used in determining the applicant's suitability for employment will depend upon the agency's employment policies, and also upon the type of pre-employment, preservice and inservice training programs that will be provided. The following methods apparently are most common: (1) an evaluation of the application written by the applicant, (2) a personal interview, (3) a simple comprehension test of both written and verbal materials, (4) a health history and physical examination, and (5) references from previous employers, teachers or businessmen. If the applicant has completed a home health aide training program which meets the standards accepted by the agency, a statement of satisfactory completion of the course should accompany the application.

Training

The American Nurses' Association believes (1) that preservice training is essential for all assistants in health service occupations, including home health aides, and (2) that this training should consist of a short, intensive program given in a vocational education institution.

The core course. For all persons interested in assistive positions in the health occupations, the "core" course should include an introduction to employment opportunities in this field; basic patient care

and accident prevention content (similar to that taught in the American Red Cross course, *Home Nursing*); training in the simple communications skills required for participation in the health occupations; instruction in the basic arithmetic needed in assistive health services; and explanation of the worker's responsibility to preserve confidentiality in matters regarding the care of patients.

Inservice training. Those who complete the core course, and are accepted for training in home health aide services, should then be enrolled in a short, organized program of combined classroom and correlated, supervised clinical practice, followed by inservice orientation and on-the-job training in performance of specific tasks delegated by the nurse. The preservice training period should be at least 24 hours (three working days) in length—though the actual length of the training period will need to be determined in relation to the objectives of the training program; the content necessary to prepare a home health aide to carry out the terms of the job description; the background of the student group; the skill of the instructors; and other factors peculiar to the community and the agency.

Orientation. Orientation to the agency should include an explanation of its purposes, objectives, scope and limits of services, as well as its structure and staff. It should provide some understanding of policies, procedures, records, reports and job descriptions, as these relate to the work of the home health aide, and some knowledge of the roles, functions and relationships of other members of the staff.

One of the first points to be covered in orientation is the matter of "propriety" and ethical relationships in all dealings with patients and families. Aides should also be helped to understand the legal bases and limits which apply to their work.

Continued training and supervision. On-the-job and inservice training must be provided on a continuing basis. The activities involved in training should be determined both by immediate need and progression in assignments. Programs should include demonstrations, guidance and supervision in relation to each assignment to a patient and each task to be performed by the aide.

Individual conferences with the professional nurse or nurses who have supervisory responsibilities for the aide should be planned to meet both the anticipated and the expressed needs of the aide.

So that the home health aide may learn from, and contribute to, the effectiveness of the patient care team, participation in appropriate case conferences should be a part of her training experience.

Personnel Policies

The employing agency should have written personnel policies which have been developed for this particular group of employees. When

home health aides are employed by another agency, which supplies their services to the nursing service agency, there must be clear agreement on all policies which affect the utilization of the aides by the nursing agency. (See *Agreements with Other Employing Agencies,* page 14.)

Conditions of employment. Conditions of employment covered in written personnel policies should include hours of work, salaries, leaves of absence, vacations, retirement benefits, disability compensation, unemployment insurance, social security participation, requirements for physical examinations and grievance procedures.

When any part, or all, of a charge for such requirements as the purchase and maintenance of uniforms, insurance, and physical examinations is to be borne by the employee, the personnel policies should include a statement to that effect. There should also be a clear understanding regarding compensation for time and cost of travel.

Letter of employment. In addition to the written personnel policies (which should be made available to each employee), it is desirable to draw up a letter of employment which summarizes the specific arrangements agreed upon by the employer and the employee. A copy of the letter given to the employee should be placed in her personnel folder.

The letter of employment may specify salary, days and hours of employment, and other items of agreement not contained in the personnel policies. The letter should be signed by both parties to the contract. A general description of the duties of a home health aide may be attached to the letter.

Agreements with Other Employing Agencies

The legal aspects of agreements with other employing agencies were discussed in the section describing *The Administrative Plan* (page 5). Beyond these strictly legal requirements, the nursing agency must consider its own ethical and professional standards and the problems inherent in utilizing nonprofessional personnel. In arriving at a contract with an agency which provides home health aide service personnel, the nursing service must take care that there is clear definition of its authority to plan and supervise patient care. Its contract should also distinguish the responsibilities that are assumed by each of the two agencies, and those that are shared.

Responsibilities of the nursing service. In prescribing the authority of the nursing agency, there must be recognition of the ethical and legal relationships which exist between professional nurses and nursing assistants.[8]

[8]*Statement of Legal and Ethical Relationships with Nursing Assistants.* New York: American Nurses' Association, 1966 (Appendix V).

The responsibility to establish and maintain standards of nursing care is vested "in the profession itself. This basic responsibility can neither be delegated to others nor can it be assumed by outside interests."[9] If acceptable levels of health care are to be achieved, nurses must be involved in planning, implementing and evaluating health care services provided through the agency.

The public health nurse is therefore responsible for supervising and coordinating the services of personnel supportive of public health nursing. All personnel should be utilized in ways that are appropriate to their levels of preparation and competence, and to the agency's specific responsibilities. To ensure that this is done, the nursing service must supply adequately prepared supervisors who will provide the kind and degree of supervision needed by assistive personnel who are rendering personal care to patients.

It is also essential to provide for ongoing evaluation of the utilization of supportive personnel in meeting public health nursing service needs.[10] When the employer of supportive personnel is not the service agency, evaluation may be a shared responsibility of the two agencies—but actual performance of personal care services is primarily the responsibility of the nursing agency.

The employing agency's responsibilities. In defining the responsibilities of the agency which employs home health aides, the nursing agency should see that in no way shall the employing agency determine the standards of personal care to be rendered by the aides. However, the employing agency *shall* be responsible for supplying aides who meet the training and performance criteria established by the nursing agency.

Mutual responsibilities. In statements of responsibilities to be shared by the two agencies, there should be provision for representatives of each to act in a coordinating role, both as consultants on matters of mutual interest and concern, and in evaluating and implementing the terms of the contract.

Each agency should recognize the importance of orientation and inservice training programs; the contract should stipulate that these are a shared responsibility. The contract should also describe arrangements to meet the costs, and it should provide that the home health aides will be given an orientation to the nursing service agency and will participate in appropriate inservice programs and case conferences.

Such requirements as uniforms and equipment may be covered in other statements of policy which are used by both agencies in carrying out the home health aide service program.

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[9]"Nursing Concerns in the Home Health Services in Health Insurance for the Aged: ANA Statement on Medicare."

[10]*A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services*, p. 4.

PART II

Utilization of Home Health Aide Services

The home health aide is a member of the community nursing service team who assists in the personal care of patients in their homes, under the direction and supervision of a registered professional nurse. Activities delegated to a home health aide should be limited to those which do not require the knowledge, skill and judgment of a registered professional nurse or a licensed practical nurse.

It must be understood—not only by families, physicians, nurses, and others who contribute to the health care of the patient, but also by the home health aide herself—that the role of the aide is similar to that of a nurses' aide in a hospital, and to that of an adult family member. It must also be understood that the responsibilities of a home health aide are circumscribed by the agency's policies and by laws which govern nursing and medical practice. Although a nurse may teach a patient or a member of his family to carry out some skilled nursing procedures, such activities cannot be delegated to a home health aide.

The duties of a home health aide include a variety of personal care services directed toward the maintenance of health and a hygienic environment for the patient: assisting with specific therapeutic activities in which she has been instructed by a professional nurse; recognizing and reporting to the registered nurse on changes in the patient's mental or physical status or situations which affect his well-being; and following the instructions of the nurse in preparing nutritious meals for the patient, including his medically prescribed diet.[11]

To prevent situations in which patients may misuse or over-use the aide's services, the nurse should carefully explain to each that the patient can contribute to his own recovery and self-sufficiency by participating in self-care activities. The family should also understand that the aide's functions in the home are predicated on patient needs—not on family needs. Duties which can be assumed by a family member should not be delegated to the aide.

An agency may find it advantageous to prepare an inclusive list of tasks that may be performed by a home health aide. The list may be used as an assignment sheet, with specific tasks for a particular assignment dated and checked. Some of the uses of an inclusive list are described in the section titled *Supervision and Performance Evaluation* (page 19).

[11]"Nursing Concerns in the Home Health Services in Health Insurance for the Aged: ANA Statement on Medicare."

Placement and Assignment

In assigning the aide, the supervisor has to bear in mind the basic purposes of employing home health aides, and review these in relation to the patient's specific needs. Assignments of tasks must be realistically based on the patient's situation, the medical and nursing care plans, and the aide's ability to carry out the assignment; therefore, the placement and assignment of home health aides is properly the responsibility of a public health nurse in the community nursing service agency, who is qualified to make both initial and progressive evaluations of patients' needs and progress and the effectiveness of nursing care plans and activities.

Nursing assessment, nursing care plans. The professional nurse has "the legal and ethical responsibility for assessing the nursing needs of patients and for planning and giving nursing care. While selected activities may be delegated to others, the professional nurse retains continuing responsibility for the quality of care given."[12]

Before developing a nursing care plan, the professional nurse, in concert with the patient and with other professionals concerned with his care, makes a diagnosis of his nursing problems and nursing needs. In determining the course of nursing action to be taken, she should consider the following factors:

1) the medical diagnosis and medical care plan, and the medical prognosis
   a) the clinical diagnosis and condition of the patient
   b) the prescribed treatments, medications, diets, etc.
   c) the prognosis, including the estimated length of illness and need for nursing services
2) the professional nursing services required
3) the patient's need for assistance with personal care and mobility activities when the nurse is absent
4) the emotional, social and cultural factors affecting the patient-family-health care personnel relationships
5) other factors related to the patient's care, such as household management and housekeeping activities
6) the kinds and amounts of care which would require the abilities of a licensed practical nurse
7) the kinds and amounts of care which can appropriately be delegated to family members and/or a home health aide
8) the kinds of needed services which are outside the range of services offered by the community nursing service and which do not require professional nurse supervision.

Selection of the aide. In determining whether it is appropriate to

[12]*Statement of Legal and Ethical Relationships with Nursing Assistants.*

assign a home health aide to perform specific tasks in a particular household, the nurse should be acutely aware of all the factors which may contribute to a successful patient-family-home health aide relationship—for example, the patient's ability to understand or speak English, the patient's need for social communication, and the family's feeling of comfort (or discomfort) in relating to a person from the same, or a different, neighborhood. Such factors may be readily ascertained, and should be considered in selecting the aide to be placed in a particular home.

In delegating activities to the aide, it is incumbent on the professional nurse and the nursing agency to determine the kind and the level of proficiency needed and the competence of the aide to carry out the activities. The nursing agency is also responsible for providing the necessary supervision, direction and assistance to the aide.

Travel time, modes of travel, and time and frequency of visits must also be taken into account, but these factors are not of primary importance in placing an aide. The essential consideration in placement and assignment is to provide the right person, in the right home, at the right time, to carry out appropriately delegated activities.

Introducing the aide to the family. Before the aide has been assigned to a home, her supervisor should have discussed the plan with the family and obtained their approval. To prepare the aide for the assignment, the nurse should discuss with her the pertinent facts about the patient, the family, the home and the aide's responsibilities in carrying out assignments which play an important part in the overall nursing care plan.

A professional nurse should accompany the aide on her first visit to the home. At that time, she should discuss with the aide and the family the scope and the limits of the assignment. During this visit, she should also demonstrate the personal care tasks she has assigned to the aide.

Both the aide and the family should be given a written schedule of the visits to be made and the tasks to be performed. The aide should also have a more detailed activities schedule and record form, and a copy of this should be placed in the patient or family record in the agency's office.

Communication

The methods and means of communication between the home health aide and the nurse who supervises her activities are essentially the same as those for all the agency's service personnel. However, the employment of nonprofessional workers to care for patients in their own homes requires a precise plan for immediate contact. This is vital to the safety of the patient: the aide must have ready access to the professional

nurse to whom she is responsible. There are many possible situations—changes in the patient's condition, questions about the advisability of continuing a delegated activity, demands for additional services by a patient or others in the home—that may require immediate judgment, decision and guidance by a professional nurse. An aide may depend upon a single professional nurse for supervision and assistance, or she may be in contact with several nurses who are responsible for the care of patients to whom she is assigned; in either case, she must be able to obtain professional nurse supervision whenever needed.

With each placement authorization, the aide should receive a schedule for the professional nurses' visits to the home, their office hours and telephone numbers. She should have the names and telephone numbers of others she might contact in the absence of her immediate supervisor. The agency's plan should provide for scheduled conference periods, in-service training and other planned programs which will bring the home health aide to the office; this will facilitate communication and will help eliminate unscheduled contacts, except in those cases which require immediate attention.

Supervision and Performance Evaluation

The crucial element in successful utilization of a home health aide service is the supervision given the aide—supervision which has direct and specific reference to the family with whom she is working, and whose ultimate goal is the assured safety and beneficial supportive care that will make the patient more comfortable and assist him in regaining his ability to care for himself.

The overall responsibility for supervising and coordinating the home health aide service belongs to the public health nurse. However, in any program employing the "team concept" (already discussed on page 10), it is appropriate to delegate immediate, on-the-job supervision of the aide to the nurse who is directly responsible for the nursing care of the patient. Her supervision should provide for a continuum of learning experiences for the aide, beginning with her first orientation class and ending only with the termination of her employment.

Demonstration of procedures. A necessary first step in the supervision of aides is a demonstration of procedures adapted to the specific problems and needs of the patient. Before a personal care activity can be finally delegated to an aide, the nurse must be assured of the aide's competence to carry on the activity. The most effective method is to demonstrate the task to the aide in the patient's home—even if the aide has performed a similar task for other patients. It should not be expected

that an aide, on her own initiative, will be able to transfer and adapt a care activity from one patient care situation to another.

The assignment schedule. This, with its listing of specific tasks to be performed, is a tool that both the aide and the nurse can use in appraising the aide's needs for supervision and assistance. Many agencies have devised check sheets on which every activity that may be delegated to a home health aide is listed. The assignment schedule can record the dates on which each activity was demonstrated, supervised, assigned, performed, and stopped.

Visits by the professional nurse. Visits made by the nurse to evaluate the patient and family situation, and to supervise the work of the home health aide, should be scheduled according to the needs of the family and the aide. However, it is important to inform both the family and the aide about the plans and schedule for these visits. In some instances, the nurse may make an assessment and supervisory visit in conjunction with a visit to give nursing care.

In addition to a planned schedule for the nurse's visits, the aide should know that supervision is available to her whenever she is on duty, and she should understand the agency's arrangements for receiving her requests. She is entitled to expect counselling and guidance from the nurse when she encounters problems related to the tasks she is to perform, her understanding of the patient and his family, and her ability to communicate with the patient, his family, professional personnel and others.

Evaluation. The number of evaluation reports to be prepared, and the frequency with which evaluation conferences are scheduled, will vary with the size and complexity of the agency, the frequency of supervisory visits, the conduct of group conferences or class periods, and the opportunities that exist for free communication among the various classes of personnel in the office.

Like supervision, evaluation is a responsibility that is usually shared by the public health nurse who supervises the home health aide service, the nurses who provide day-to-day supervision of the aide in her particular assignments, and other professional staff who contribute to the aide's training and participate in the conferences she attends. When more than one nurse contributes to the evaluation report, her observations and comments should be put into writing or discussed with the public health nurse who is responsible for the overall evaluation.

The aide should understand the criteria to be used in evaluating her performance, and should be encouraged to participate in discussing her progress and her needs, as she sees them.

The criteria most commonly considered in evaluation are these:

1) personal qualities, such as appearance, personality, responsibility and attitudes, and health

2) interpersonal relationships with staff members, families, and others

3) competence in performing delegated tasks and in recognizing changes in the patient's condition or family situation.

Evaluation of these factors should indicate the aide's degree of competency, her progress, and her needs for specific assistance, and should enable the nurse to make informed recommendations for future placement and assignment.

The cumulative records of performance should be further used in evaluating the home health aide service in terms of the agency's purposes; in preparing new professional staff to assume their roles in relation to the home health aide service; and in planning training programs.

Concluding Statement

Many home health aide services are already established in community nursing agencies, or in other agencies with full participation of nurses in the field of public health practice. To them, the committee which developed these guidelines extends its appreciation for their sharing of plans, problems and progress, and for their suggestions, conveyed through published and unpublished reports and other means of communication.

In the future, it is certain that many more community nursing service agencies will be engaged in the development of home health aide services. Though no pattern can be applied nationwide, these guidelines are intended to assist all public health nurses, and others, in applying the principles and standards of professional nursing conduct and practice to the development and utilization of these services. Currently, there is much experimentation throughout the country to determine the effectiveness of various patterns of organization. Wherever such experimentation is thoughtfully planned, executed and evaluated, it should result in improved patient care through better utilization of the knowledges and skills of both professional nurses, practical nurses and nonprofessional assistants to nursing services.

As demands for health services continue to expand, it will become increasingly important that professional nurses find full employment of their professional abilities. If all our citizens are to receive the best possible nursing care, effective supportive services must be designed to free the nurse to assume her enlarged responsibilities. The American Nurses' Association, traditionally dedicated to the advancement of high standards of nursing practice, will make every effort to assist nurses in developing supportive services that are consistent with these standards.

Appendix I

GUIDELINES

(Excerpted from *A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services)*

The purpose of the following guidelines for staffing and supervisory policies of public health nursing agencies is to assist public health nurses in administrative positions to utilize effectively the abilities of supportive personnel such as registered professional nurses, licensed practical nurses, home health aides, and others working in community nursing services.

- The decision to use supportive personnel should be based on community needs and resources and on the ability of the agency to utilize the services of these persons in appropriate ways, with proper supervision.
- The agency should operate under an administrative plan which provides for all pertinent agreements and contracts and which sets policies for its program, procedures, budget, staffing patterns and evaluation. The administrative plan should also make provision for periodic review of the total plan.
- Team nursing is an effective method of providing public health nursing services. However, each member of the public health nursing team must understand his defined role and the roles of other members. Therefore, the roles, functions and legal responsibilities of the various team members must be fully explained and interpreted to the agency staff as well as to other health workers and the general public.
- Cooperative planning with other agencies, or other divisions of the same agency, is essential when personnel in their employ participate as members of the public health nursing service team.
- Each team member, including the patient and his family, should participate in assessing, planning, implementing and evaluating family-centered nursing care.
- The team leader should be an experienced public health nurse who has leadership ability and who takes the responsibility for seeing that nursing services are assessed, planned, performed and evaluated.
- All personnel who assist in performing public health nursing services should be employed by the community nursing service. When this is not possible or feasible, there should be a written contract with the employer of such supportive personnel.
- Public health nurses should participate in recruitment programs, selection, activities, preparation and training, and placement of personnel supportive of public health nursing services.
- Supervision and coordination of the services of all personnel supportive of public health nursing is the responsibility of the public health nurse.

■ All personnel should be utilized at the level commensurate with their preparation and competence, and within the framework of the agency's responsibilities.

■ A program utilizing supportive personnel must be consistent with all applicable laws. All legal implications relating to supportive personnel must be clearly defined and understood.

■ Ongoing evaluation of the utilization of supportive personnel in meeting the public health nursing service needs is essential.

■ The agency's program should provide for research and studies in the utilization of supportive personnel in providing quality public health nursing service.

Appendix II

THE CODE FOR PROFESSIONAL NURSES

(Adopted by the American Nurses' Association, 1950; revised, 1960)

Professional status in nursing is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, co-workers, and the profession of nursing.

The following statements constitute a guide for each individual nurse in fulfilling these obligations.

1) The fundamental responsibility of the nurse is to conserve life, to alleviate suffering, and to promote health.
2) The nurse provides services based on human need, with respect for human dignity, unrestricted by considerations of nationality, race, creed, color or status.
3) The nurse does not use professional knowledge and skill in any enterprise detrimental to the public good.
4) The nurse respects and holds in confidence all information of a confidential nature obtained in the course of nursing work unless required by law to divulge it.
5) The nurse as a citizen understands and upholds the laws and performs the duties of citizenship; as a professional person the nurse has particular responsibility to work with other citizens and health professions in promoting efforts to meet health needs of the public.
6) The nurse has responsibility for membership and participation in the nurses' professional organization.
7) The nurse participates responsibly in defining and upholding standards of professional practice and education.
8) The nurse maintains professional competence and demonstrates

concern for the competence of other members of the nursing profession.

9) The nurse assumes responsibility for individual professional actions and judgment, both in dependent and independent nursing functions, and upholds the laws which affect the practice of nursing.
10) The nurse, acting through the professional organization, participates responsibly in establishing terms and conditions of employment.
11) The nurse has the responsibility to participate in study of and action on matters of legislation affecting nurses and nursing service to the public.
12) The nurse adheres to standards of personal ethics which reflect credit upon the profession.
13) The nurse may contribute to research in relation to a commercial product or service, but does not lend professional status to advertising, promotion, or sales.
14) Nurses, or groups of nurses, who advertise professional services, do so in conformity with the dignity of the nursing profession.
15) The nurse has an obligation to protect the public by not delegating to a person less qualified any service which requires the professional competence of a nurse.
16) The nurse works harmoniously with, and sustains confidence in, nursing associates, the physician, and other members of the health team.
17) The nurse refuses to participate in unethical procedures and assumes the responsibility to expose incompetence or unethical conduct in others to the appropriate authority.

Appendix III

SUGGESTED AGREEMENT BETWEEN A COMMUNITY NURSING SERVICE AND A HOMEMAKER-HOME HEALTH AIDE SERVICE

(Issued by the Department of Public Health Nursing, National League for Nursing, 1966)

This AGREEMENT made and entered into this ..... day of ....., 196..... by and between (Community Nursing Service), of ....., hereinafter referred to as the Nursing Agency and (Homemaker-Home Health Aide Agency), of ....., hereinafter referred to as the Homemaker Agency.

WITNESSETH that for and in consideration of the mutual promises herein contained, it is understood and agreed as follows:

PURPOSE

The purpose of this Agreement is to provide home health aide service in homes where there are ill or disabled persons receiving care from Nursing Agency.

NURSING AGENCY RESPONSIBILITIES

The Nursing Agency shall:

Assess the need for home health aide service and the resources of the patient and family.

Call upon Homemaker Agency to provide aide personnel for assignments for such service.

Determine the scope and duration of the aide's activities on each such assignment and supervise the performance of service by the aide in areas of personal care of a patient and family, it being agreed that Nursing Agency shall have the right at any time to shorten or terminate the aide's service on a particular assignment and on reasonable notice lengthen or change assignments.

Provide on the job instruction to the extent it deems appropriate.

Pay Homemaker Agency, upon receipt of a statement of aide service provided by Homemaker Agency under this agreement during the previous ....., a fee of $ ..... per (unit of time) based on actual cost of the services performed as determined by a Homemaker Agency cost analysis method approved in writing in advance by Nursing Agency.

HOMEMAKER AGENCY RESPONSIBILITIES

The Homemaker Agency shall:

Conduct and administer a program for employment of aides to serve on home health aide assignments of the Nursing Agency.

Provide upon request of Nursing Agency such aides as Nursing Agency may specify for its assignments.

Provide orientiation and instruction for aides to the extent it deems appropriate for the general fulfillment of the assignments.

Evaluate the qualifications of aides for the assignments and report thereon and consult with the Nursing Agency in connection therewith.

Have direct responsibility as employer of the aides for establishing and maintaining general standards and specifications of services to be performed by them under this agreement.

Have direct responsibility as employer of such aides for payment of wages and other compensation, reimbursement of expenses and compliance with Federal, State and local tax withholdings, workmen's compensation, social security, unemployment and other insurance requirements and other obligations imposed on the employer of such personnel.

MUTUAL RESPONSIBILITIES

Each agency shall:

Designate a person within the agency who shall have responsibility for coordinating aide's activities on assignments.

Consult and cooperate with the other agency in the establishing of mutually acceptable standards and procedures for selection and assignment of aides, handling of requests including requests for emergency aide service, billing procedures and other matters incidental to the carrying out of the provisions and purposes of the Agreement.

TERM OF AGREEMENT

This Agreement will remain in effect until the ..... day of ....., 196..... and may be extended by a written statement by both agencies prior to this date. It may be terminated at any time by either agency upon 60 days advance written notice to the other agency.

.....	.....
(Homemaker-Home Health Aide Agency)	(Community Nursing Service)
By	By .....
.....	.....
(Title)	(Title)

(Antidiscrimination clause may be added or attached.)

Appendix IV

ANA Statement on Medicare

NURSING CONCERNS IN THE HOME HEALTH SERVICES IN HEALTH INSURANCE FOR THE AGED

(Reprinted from The American Journal of Nursing, *November, 1965, Vol. 65, No. 11)*

In 1966, health insurance for the aged will become a benefit of the nation's social insurance system. The American Nurses' Association was an early supporter of this historic social legislation which has become law with passage of the Social Security Amendments of 1965.

It is significant that nurses, as the largest single group of professional persons providing health care for the American people, have given their support to the principle of providing health insurance for the aged through the social security system. Nurses must now help to assure that health services provided through this legislation are of high quality.

Nursing is an essential component of modern patient care. It must be

available to all patients in the amount, character, and place consistent with their nursing needs.

A major contribution to health care for the aged lies in the provisions for home care benefits. Inclusion of home nursing visits and visits of home health aides as social insurance benefits should make it possible for the aged to receive appropriate health services in their homes.

Participation of Nurses in Administration of Home Health Services

One or more professional nurses should be appointed to advisory councils, certifying bodies and review committees as these are established at federal, state, and local levels for the administration of the program of health services provided by the new law. For the most effective implementation of that section of the Act which deals with home health services, it is essential that qualified public health nurses be appointed to any councils, certifying bodies and review committees that are established.

Standards

The responsibility for standards of nursing care is vested in the profession itself. This basic responsibility can neither be delegated to others nor can it be assumed by outside interests. Therefore, if acceptable levels of health care are to be achieved, nurses must be involved in the planning, implementing, and evaluating of health care services provided through Medicare.

Nursing services in home health agencies should meet standards recognized by the nursing profession. These are set forth by the American Nurses' Association in *Standards for Organized Nursing Services in Hospitals, Public Health Agencies, Nursing Homes, Industries, and Clinics.*

Where states are authorized to designate the agency to provide consultation services and to certify participating institutions, the state department of health should be designated. State health departments have legal *duties and powers* to protect the health of the citizens and are the agencies whose services are provided under qualified medical and nursing direction.

Home Health Agency

The Social Security Amendments of 1965 define a home health agency as one which is "primarily engaged in providing skilled nursing services and other therapeutic services; . . . has policies established by a group of professional personnel (associated with the agency . . .), including one or more registered professional nurses, to govern the services . . . which it provides, and provides for supervision of such services by a physician or registered professional nurse; . . ."

When an organized home care program purchases nursing service from the public health nursing division of an official public health agency or from a public health nursing agency such as a visiting nurse association, there should be a clear contract with the vendor of the nursing service. This contract should provide that at least one public health nurse, repre-

sentative of the vendor, be involved in the planning, implementing, supervising, and evaluating activities of the home health services.

Included in the covered services under the Act are visits by a home health aide. Wherever such service is provided with payment through the social insurance system, it should be furnished and administered by the nursing agency.

If it is not possible or feasible for home health aides to be employed by the agency which supplies the nursing services, there should be a formal contract with the employer of the aides which would:

a) Assure active involvement of the public health nurses in the selection and training of the aides.
b) Provide for the nursing service to determine the placement, duration of services and visits, and termination of services of an aide in a home.
c) Provide for the instruction, guidance, and supervision of home health aides by registered nurses.
d) Require periodic evaluation of the aides' performances by the registered nurses responsible for the supervision of the aides.
e) Fix the legal responsibility for the quality of service rendered by the home health aides.

Utilization

Continuing and intensified research and study into the utilization of health personnel should be directed to finding better ways to use the existing nursing force as well as the skills of all levels of nursing personnel. Indiscriminate increases in auxiliary personnel should be discouraged for they lead only to a deterioration of safe health care. Rather, imaginative and dynamic utilization of well-prepared auxiliary personnel supervised by registered nurses can extend the services of registered nurses to more people.

Licensed practical nurses and home health aides can make a valuable contribution to a successful program of health care to the aged. With the increased demand for professional nursing services, it is important that some of the tasks that do not require professional judgment and skill be assigned on a case-by-case basis to nonprofessional assistants employed to function within the framework of the nursing care plan.

A home health aide is an aide to the professional nurse who serves the patient in his own home. The home health aide is in a position comparable to the nurses' aide in a hospital. Her role is a supportive role in the nursing service, and her assistance in a home cannot be a substitute for the services of a professional nurse or other professional members of the health team. The determination of the appropriateness of including the services of a home health aide in a nursing care plan for a particular patient, the decision as to the termination of the assignment, the scheduling of visits by a home health aide, and the instruction and supervision of the aide are the responsibilities of the professional nursing service.

A home health aide in a health program for the aged is an unlicensed nonprofessional worker specifically oriented to the health needs of older persons who, under the supervision of a knowledgeable registered nurse, ministers to patients in their homes. The duties of a home health aide include a variety of personal care services directed toward the maintenance of proper hygiene for the patient and his immediate surroundings: assisting with specific therapeutic activities in which she has been instructed by a professional nurse; recognizing and reporting to the registered nurse changes in the patient's mental or physical status or situations which affect his well-being; and following the instructions of the nurse in preparing nutritious meals for the patient including his medically prescribed diet.

In performing her role in the home of an ill, disabled, or infirm person, the home health aide performs such duties as would be expected of an adult family member if one were available.

Practice of Nursing in the Care of the Aged

The nursing profession has and will continue to work for advancements and upgrading of nursing practice. It will continue to work with allied professions, the government, and interested public groups to make available to all people nursing service of the highest possible quality.

Medicare emphasizes the need for quality nursing practice in geriatrics in accordance with the following statement of the American Nurses' Association Conference Group on Geriatric Nursing Practice:

"Professional nursing has the responsibility to meet the needs of all people regardless of age. The rapidly increasing number of individuals in the older age group must be a concern of all professional nurses if this segment of our population is to receive adequate nursing care. The intrinsic worth and dignity of the individual are not diminished by his accumulation of years.

"Geriatrics is concerned with the care of the older person. The practice of geriatrics places emphasis on *prevention* of disabilities intensified by the aging process; *treatment* of the patient with special attention to the needs created by the aging process; and *restoration* of the person to a level consistent with the limitation imposed by the aging process.

"The practice of geriatrics requires the use of current knowledge of aging which is organized in broad areas drawn from the biological, physical, and behavioral sciences. The nurse exercises professional judgment in selecting content from the general body of nursing knowledge and in using this knowledge to meet the needs of the geriatric patient."

Appendix V

STATEMENT OF LEGAL AND ETHICAL RELATIONSHIPS WITH NURSING ASSISTANTS

(Prepared by the ANA Committees on Ethical Standards and Nursing Practice, 1966)

The professional nurse has the legal and ethical responsibility for assessing the nursing needs of patients and for planning and giving nursing care. While selected activities may be delegated to others, the professional nurse retains continuing responsibility for the quality of care given.

Legally, a registered nurse may delegate only those activities that may safely be carried out by others in terms of the definition of nursing in the nurse practice act of the state. Judgments in determining those activities that may be delegated, and to whom they are delegated, include consideration of the following:

— Scope and complexity of the activity
— Preparation and competence of the individual
— Condition of the patient
— Opportunity to provide necessary supervision, direction and assistance

It should be recognized that persons who accept delegated activities may be held liable for failure to carry them out properly or to exercise reasonable care in their execution. The nurse who has the responsibility for supervising nursing assistants may be held liable for negligence in supervision if such negligence results in injury to patients.

Ethically, the relationship of the nurse to nursing assistants is determined by that principle of *The Code for Professional Nurses* which reads, "The nurse has an obligation to protect the public by not delegating to a person less qualified any service which requires the professional competence of a nurse." The interpretation* of this principle states, "The professional nurse should personally execute those nursing procedures in patient care which require the judgment and competence of the professional practitioner whether these be in the area of physical care, emotional support, teaching, or communication. Concern for the safety and well-being of the patient is the primary consideration of the nurse in making these decisions."

**Interpretation of the Statements of the Code for Professional Nurses*. New York: American Nurses' Association, 1963, p. 18.

Appendix VI

AMERICAN NURSES' ASSOCIATION DEFINITION OF NURSING PRACTICE

(Issued by the American Nurses' Association, 1959)

On September 22, 1955, the American Nurses' Association Board of Directors approved the definition of nursing practice submitted by the ANA Committee on Legislation.

In September, 1959, on recommendation of the Committee on Allied Nursing Personnel, after prior approval of the Committee on Legislation, the ANA Board approved a revision in the explanation to the definition of practical nursing, which accompanies Practice of Nursing 2, to indicate that the definition is to be interpreted in the light of the Statement of Functions of the Licensed Practical Nurse.

The definition is designed for inclusion in a licensing law and, with its accompanying explanatory statement, is to be added to Section II—Definitions in "Suggestions for Major Provisions to Be Included in a Nursing Practice Act" in the *Legislation Manual for Committees on Legislation of State Nurses Associations*.

PRACTICE OF NURSING

1) The practice of professional nursing means the performance for compensation of any act in the observation, care, and counsel of the ill, injured, or infirm, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or the administration of medications and treatments as prescribed by a licensed physician or dentist; requiring substantial specialized judgment and skill and based on knowledge and application of the principles of biological, physical, and social science. The foregoing shall not be deemed to include acts of diagnosis or prescription of therapeutic or corrective measures.

Explanation

The nursing practice act must contain a definition of the practice which it seeks to regulate. This definition must be stated in terms of the acts which persons licensed under the law are permitted to perform, and which in the interest of public health and safety all others are forbidden to perform.

For the purposes of the law, the definition of nursing practice should be stated in terms broad enough to permit flexibility in the utilization of nursing personnel within the bounds of safety. It must also permit changes in practice consistent with trends in the practice of nursing and related health professions.

In order that the interests of the public and the practitioner both be protected, the definition of nursing practice in the licensing law must clearly

differentiate between those acts which are independent nursing functions and those which are dependent upon the prescription of the physician or the dentist.

The statements of functions prepared and approved by the sections of the American Nurses' Association are the principal authority for this legal definition of nursing practice. The definition reflects the essential and, for the most part, common elements of nursing practice described in the definitions of nursing functions adopted by the occupational groups represented in the sections of the professional organization.

Delegation by medical authority is provided for the circumscribed area of nursing where such delegation is required, namely, for the administration of medications and treatments. For clarity, the definition includes a prohibition of acts of diagnosis and prescription of therapeutic or corrective measures.

Also provided are the elements of substantial specialized judgment and skill which characterize professional nursing and the nature of the preparation required for the safe practice of professional nursing.

PRACTICE OF NURSING

2) The practice of practical nursing means the performance for compensation of selected acts in the care of the ill, injured, or infirm under the direction of a registered professional nurse or a licensed physician or a licensed dentist; and not requiring the substantial specialized skill, judgment, and knowledge required in professional nursing.

Explanation

Where the law seeks to regulate practical nursing, it must define a second level of practice as well and, in doing so, must differentiate between professional and practical nursing.

The definition provides for the essential differences in the two levels of nursing practice through requiring that the acts of nursing which may be performed by a practical nurse be selected by and performed under the direction of a professional person who is either a nurse, a physician, or a dentist.

The Statement of Functions of the Licensed Practical Nurse approved by the American Nurses' Association and the National Federation of Licensed Practical Nurses is the principal authority by which this legal definition of practical nursing is to be interpreted.

The law should not require the practical nurse to exercise the same degree of judgment and skill as is required for professional nursing as the nature of her preparation does not permit such a requirement.

Since the law is not intended to prohibit gratuitous care of the sick by members of a patient's family or friends, it is necessary to include the consideration of compensation in the definition.

Appendix VII

REFERENCES

The administrator will find these references helpful in developing and implementing a program employing home health aide services.

PUBLICATIONS OF THE
AMERICAN NURSES' ASSOCIATION (ANA)*

The Code for Professional Nurses, 1960

Educational Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper, 1965

Functions and Qualifications in the Practice of Public Health Nursing, 1964

A Guide for the Utilization of Personnel Supportive of Public Health Nursing Services, 1966

The Nature of Public Health Nursing, 1964

Nursing Concerns in the Home Services in Health Insurance for the Aged, *American Journal of Nursing* reprint, November, 1965

Standards for Organized Nursing Services in Hospitals, Public Health Agencies, Nursing Homes, Industries, and Clinics, 1965

PUBLICATIONS OF THE
NATIONAL LEAGUE FOR NURSING (NLN)

Augmenting Public Health Nursing Service, 1964

Criteria for Evaluating the Administration of a Public Health Nursing Service, 1961

Home Health Aide Service in Relation to Public Health Nursing, 1965

NLN Accreditation—Community Nursing Services, 1966

OTHER PUBLICATIONS

Conditions of Participation for Home Health Agencies, Social Security Administration, U.S. Dept. of HEW, 1966

Standards for Homemaker—Home Health Aide Services, National Council for Homemaker Services, Inc., 1965

State and local laws and regulations—including the nurse practice act

PERIODICALS

The American Journal of Nursing

The American Journal of Public Health and *The Nation's Health*

Nursing Outlook

Nursing Research

Public Health Reports

*The *ANA 1967 Publications List* contains a complete list of published materials currently obtainable from the American Nurses' Association. It is available, free of charge, from ANA headquarters, 10 Columbus Circle, New York, N.Y. 10019.